

04/19/01



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04/19/01

# UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. BSC-165  
First Named Inventor Haarala  
Title Catheter Slit Valves

## APPLICATION ELEMENTS

ADDRESS TO: Box Patent Application  
Assistant Commissioner for Patents  
Washington, D.C. 20231

## ACCOMPANYING APPLICATION PARTS

- |   |   |
|---|---|
| 1. <input checked="" type="checkbox"/> Fee Transmittal Form   | ACCOMPANYING APPLICATION PARTS  |
| 2. <input type="checkbox"/> Small Entity Status<br><input type="checkbox"/> Applicant claims small entity status<br><input type="checkbox"/> Status established in prior application and is still proper and desired  |   |
| 3. <input checked="" type="checkbox"/> Specification and Drawings [Total Pages 53]<br>- Written Description - (26 pages)<br>- Claims - (7 pages)<br>- Abstract - (1 page)<br>- Sheets of Drawings - (19 sheets)<br><input type="checkbox"/> Formal<br><input checked="" type="checkbox"/> Informal  |   |
| 4. <input checked="" type="checkbox"/> Oath or Declaration [Total Pages 3]<br>a. <input checked="" type="checkbox"/> Newly executed (original)<br>b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))<br>(for continuation/divisional with Box 17 completed)<br>[Note Box 5 below]                                     |   |
| 5. <input type="checkbox"/> Incorporation by Reference (usable if Box 4b is checked)<br>The entire Disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein. | 8. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)<br><input type="checkbox"/> Power of Attorney  |
| 6. <input checked="" type="checkbox"/> Application Data Sheet   | 9. <input type="checkbox"/> English Translation Document (if applicable)  |
| 7. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission<br><input type="checkbox"/> Computer Readable Copy<br><input type="checkbox"/> Paper Copy (identical to computer copy)<br><input type="checkbox"/> CD (identical to computer copy)<br><input type="checkbox"/> Statement verifying identity of above copies      | 10. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449<br><input type="checkbox"/> Copies of IDS Citations  |
|   | 11. <input type="checkbox"/> Preliminary Amendment<br><input type="checkbox"/> Drawings [Total Sheets ]<br><input type="checkbox"/> Letter to Official Draftsperson Including Drawings [Total Pages ] |
|   | 12. <input checked="" type="checkbox"/> Return Receipt Postcard   |
|   | 13. <input type="checkbox"/> Certified Copy of Priority Document(s)   |
|   | 14. <input type="checkbox"/> Deletion of Inventor(s)<br>Signed statement attached deleting inventor(s) named in the prior application.  |
|   | 15. <input type="checkbox"/> CD in duplicate for large table or computer program.   |
|   | 16. <input checked="" type="checkbox"/> Other: 19 sheets of Formal Drawings   |

17. ☐ If a CONTINUING APPLICATION, amend the specification by inserting on page 1, before the first line, the sentence:  
--This is a ☐ continuation ☐ divisional ☐ continuation-in-part of prior application Serial No. / , filed on , , the entire disclosure of which is incorporated by reference herein.--

Priority to the above application(s) is claimed under 35 U.S.C. 120.

Prior application information: Examiner: . Group/Art Unit: .

18. ☐ Priority - 35 U.S.C. 119  
☐ Priority of application Serial No. filed on in is claimed under 35 U.S.C. 119.  
☐ The certified copy has been filed in prior U.S. application Serial No. / on .  
☐ The certified copy will follow.

## CORRESPONDENCE ADDRESS

## SIGNATURE BLOCK

Direct all correspondence to: Patent Administrator  
Testa, Hurwitz & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110  
Tel. No.: (617) 248-7000  
Fax No.: (617) 248-7100

Date: April 19, 2001  
Reg. No. 42,545  
Tel. No.: (617) 248-7675  
Fax No.: (617) 248-7100

Respectfully submitted,  
  
John V. Forcier  
Attorney for Applicants  
Testa, Hurwitz & Thibeault, LLP  
High Street Tower  
125 High Street  
Boston, MA 02110

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# FEE TRANSMITTAL

## FY 2001

Complete if Known

Application Serial Number	Not yet assigned
Filing Date	Herewith
First Named Inventor	Haarala
Group Art Unit	Not yet assigned
Examiner Name	Not yet assigned
Attorney Docket No.	BSC-165

## METHOD OF PAYMENT

1. ☒ Payment Enclosed:  
☒ Check ☐ Money Order ☐ Other

2. ☒ The Commissioner is hereby authorized to credit or charge any fee indicated below for this submission to Deposit Account No. 20-0531.

- ☐ Required Fees (copy of this sheet enclosed).  
☒ Additional fee required under 37 CFR 1.16 and 1.17.  
☒ Overpayment Credit.

3. ☐ Applicant claims small entity status.

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid
130	65	Surcharge - late filing fee or oath	
50	25	Surcharge - late provisional filing fee or cover sheet	
130	130	Non-English specification	
2,520	2,520	For filing a request for reexamination	
110	55	Extension for reply within first month	
390	195	Extension for reply within second month	
890	445	Extension for reply within third month	
1,390	695	Extension for reply within fourth month	
1,890	945	Extension for reply within fifth month	
310	155	Notice of Appeal	
310	155	Filing a brief in support of an appeal	
270	135	Request for oral hearing	
130	130	Petitions to the Commissioner	
50	50	Petitions related to provisional applications	
180	180	Submission of Information Disclosure Statement	
710	355	Filing a submission after final rejection (37 CFR 1.129(a))	
710	355	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (Specify)			
Other fee (Specify)			

## FEE CALCULATION

## 1. FILING FEE

## Large Entity

Fee (\$)	Fee Description	Fee Paid
710	Utility filing fee	710
320	Design filing fee	
150	Provisional filing fee	

	Number Filed	Number Extra	Rate	Amount
Total Claims	70	- 20 = 50	x \$ 18.00 =	900

	Number Filed	Number Extra	Rate	Amount
Independent Claims	9	- 3 = 6	x \$ 80.00 =	480

☒ Multiple Dependent Claim(s), if any \$270.00 = 270

TOTAL: 2,360

SMALL ENTITY DISCOUNT:

SUBTOTAL (1) (\$) 2,360

## 2. AMENDMENT CLAIM FEES

Claims Remaining After Amend.	Highest No. Previously Paid For	Present Extra	Rate	Fee Paid
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Total - = x \$ 18.00 =

Indep. - = x \$ 80.00 =

☐ First Presentation of Multiple Dep. Claim + \$270.00 =

TOTAL: (\$)

SMALL ENTITY DISCOUNT: (\$)

SUBTOTAL (2) (\$) 0

SUBTOTAL (3) (\$)

SUBTOTAL (1) 2,360

SUBTOTAL (2) 0

SUBTOTAL (3) 0

TOTAL (\$) 2,360

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 High Street Tower-125 High Street  
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 Tel. No.: (617) 248-7000  
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## SIGNATURE BLOCK

Respectfully submitted,

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